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CONFIRMATION NO. 2591

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|--|---|--|---|--|---------------------------|--------------------------------|
| SERIAL NUMBER 10/708,592 | FILING or 371(c) DATE 03/12/2004 RULE | CLASS 705 | GROUP ART UNIT 3693 | ATTORNEY DOCKET NO. 03292.101920 | | |
| APPLICANTS Aliza Freud, Maplewood, NJ; Christine Lynch, Scarsdale, NY; Dee McBride, Scottsdale, AZ; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/20/2004 | | | | | | |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/KEVIN T POE/</u> Examiner's Signature | | <input type="checkbox"/> Met after Allowance kp Initials | STATE OR COUNTRY NJ | SHEETS DRAWINGS 6 | TOTAL CLAIMS 14 | INDEPENDENT CLAIMS 1 |
| ADDRESS FITZPATRICK CELLA HARPER & SCINTO 30 ROCKEFELLER PLAZA NEW YORK, NY 10112 UNITED STATES | | | | | | |
| TITLE A SYSTEM AND METHOD FOR USING CASH REBATES | | | | | | |
| FILING FEE RECEIVED 900 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | | |